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EDITORS.

CLINICAL EXPERIENCE VERSUS LABORATORY EXPERIMENT.

What we are going to say here has been often said before, and, may be, better said; but in this, the opening of the year of our Lord, 1879, we would fain impress upon the minds of our readers the doctrine that medical men in their practice, their teachings, and sayings, and in their writings, should be guided more by the solid facts of their every-day experience than by the delusive theories of physiological and chemical experimentation. We believe nearly all that is positively known concerning the action of medicines and their adaptation to the treatment of disease is the fruit of patient toil and laborious investigation at the bedside of the sick. We would rather have the opinion of a wise and careful observer concerning the management of a given malady, ignorant though he may be of physiological experiment, than of him who goes to the bedside biased by notions picked up in the chemical or physiological laboratory. Commend us to the doctor whose ideas of treatment are based upon clinical study, but deliver us from the purely physiological or the physiologico-chemical doctor. The awfulest of all sick-room bores is he who won't give opium because he thinks the "cerebral circulation" contra-indicates it, and objects to quinia because it will "increase the tension of the blood-vessels."

We will not go so far as to say that the revelations of the microscope are not often valuable in a diagnostic way, but we must confess to an indisposition to lean upon this instrument entirely as a therapeutic staff, as many seem inclined to do. The cross-roads and by-ways of this country furnish many safe practitioners who are innocent of microscopical knowledge; and yet these men treat a pneumonia, for instance, just as judiciously and successfully as a Cohnheim or a Virchow, and this although they may even not be familiar with the newest views on cellular pathology. A doctor may know nothing about amæloid movements or stomatæ in the blood-vessels, nor be able to tell you much about blood-pressure, or what medicines stimulate or depress the trophic and inhibitory nerves, and yet his opium relieves pain and his quinia cures the chills just as well as the same remedies do in the hands of his more learned and more pretentious physiological contemporaries.

We do not decry such studies as useless, for if they do nothing else, they give a finish and afford us a by-play in the more serious affairs of every-day toil. What we object to is the disposition which many evince to allow them to take the place of clinical investigation.

As we have before remarked, the true and safe source of therapeutical knowledge is experience. The broad fact will ever stand that we have become possessed of our positive and useful knowledge concerning what medicines are capable of accomplishing chiefly at the bedside of the sick. The sick-room is the physician's therapeutic laboratory; the sick man is his subject for investigation. It is by clinical study that we may arrive at definite conclusions as to the various steps by which a curative or modifying action of the means we employ may be obtained.

Our object and duty as physicians is the cure or alleviation or prevention of disease; and however interesting the physiological or chemical action of a drug may be, the fundamental truth still remains that, taken alone, it can not indicate a means for an end, but that our therapeutics must be learned by a trial of a given agent upon sick people, and upon them alone. Theory, however brilliant and plausible and attractive it may be, if unsustained by demonstrable fact, is only an evil delusion. We should not allow our therapeutic opinions, gotten by clinical observation, to be too

greatly trespassed on by pathology, physiology, and chemistry. These latter sciences are all very well in their way. Pathology may be of service by elucidating some of the laws and effects, and the *modus operandi* of disease. Physiology may be useful by inducting us into a knowledge of the economy in its healthy working, rendering us better able to appreciate the import of those causes which interfere with it; and chemistry may be valuable in ways too numerous to mention. But, taken singly or together, pathology, physiology, nor chemistry can furnish us those great desiderata—the how and the wherefore of therapeutic action—and neither can they indicate a cure. There is scarcely a remedy in the materia medica which has gained a place in professional confidence upon the sole ground of its chemical or physiological action. It may almost be said that those remedies are most efficient whose action upon the economy is most obscure. Iron for a thousand years has been known to be beneficial in anæmia and disorders connected with this condition of the blood. This property was recognized long before iron was discovered to be an ingredient of the blood-corpuscle. Quinia is the agent above all others used in the treatment of malarial disorders, but this knowledge and practice are the results of trial and experience alone. Iron and quinia were tried and found to be efficacious, and that is all of it. The how and the why of their action was not known, and is not known now. We can not presume by any physiological or chemical argument that a medicine will be serviceable until we have tested its qualities in the crucible of clinical trial.

We would not underrate the value of experiments upon the lower animals, for they have furnished some valuable data to medical science. Were it not for them the phenomena of the absorption of medicines might not have been demonstrated. But at the same time it should be borne in mind that the lower animals differ very widely from man in many particulars—in their habits, perceptions, modes of expressing sensation, and in their digestion and other functions. What is poison to man, we know, may be food for a lower animal. The liability to confuse the effects of the violence necessarily incident to physiological experiments upon animals with those due to the drug employed must also be taken into consideration.

In conclusion, man in health differs widely from man in disease; and in both conditions he differs widely from the lower animals. The action of a drug upon a healthy man or a healthy animal affords no criterion of what the same drug is capable of doing when either of them is sick. Generalizations as to the supposed therapeutic powers of medicines, based upon their chemical relations are, in their very nature, faulty and deceptive. The behavior of an agent outside the body gives us no reliable clue to what it may perform within it. The unfailing reactions of acids, alkalies, and salts, when submitted to certain conditions in the retort and test-tube, may be very different when these same agents are brought in contact with the multiform tissues and fluids of the human economy. Chemical theories of diseases are of as little worth as is chemical treatment based upon them.

Chemistry is a grand old science, and in certain directions has conferred vast benefits on humanity; but in therapeutics it is safest at present, we think, to fight very shy of it.

Physiology is a most beautiful, promising young science, and we have every reason to hope for much from it in the future; but at present it is an unsafe guide in the practice of physic.

Original.

ON THE USE OF CERTAIN CAUSTICS.

[AN EXTRACT OF A CLINICAL LECTURE.]

BY DAVID W. YANDELL, M. D.
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Gentlemen: You have heard in a previous part of this course that caustics, so called, are neither all of equal value nor of equal applicability in practice. In selecting a caustic, therefore, let your choice depend mainly on the work you propose to set it to do. What will fulfill all your expectations in one case may quite disappoint you in another; and yet the fault shall lie not with the caustic but with yourself—you having failed to select the right one, the one suited to that particular case. At many of our meetings you see me use one at least of half a dozen caustics which you will observe arranged on the surgical tray. Recently you witnessed me apply a hot iron to a bleeding surface. The wound was deep in the upper jaw; the blood oozed rather than ran from a number of small vessels; the simpler hemostatic means had failed, and of all agents the

actual cautery was both the handiest and the most effective for this kind of hemorrhage in this particular locality. The same day you saw me destroy an old and ill-conditioned ulcer in the groin, following a bubo, with the Vienna paste. Every little while you have the opportunity to see me touch, and sometimes yourselves to touch, chancroids with the fuming nitric acid. This morning, after making a ghastly wound in order to remove an epithelioma from the side of a man's neck, I mopped the entire surface of the cut with a solution of chloride of zinc. Quite a number of times you have witnessed the application of pure carbolic acid to small surfaces of disease on different parts of the face. Now, the reason for varying the caustic in these different conditions is to be sought in the conditions themselves. Of the several agents I have mentioned, each, as I have remarked, is a valuable servant in its way. Neither possesses all the virtues nor all the drawbacks of the other. The hot iron was the easiest of application, as well as the most efficient for the arrest of oozing of blood consequent upon crushing through a diseased jawbone with a pair of forceps. Nitric acid is the handiest, the neatest, and altogether, I think, the best caustic for destroying chancroids. I don't say that the Vienna paste is better than any other agent for burning refractory ulcers in the groin, but I do say it is quite as good. The solution of chloride of zinc is generally conceded to be the most efficient application to surfaces, especially if they be extensive, from which cancerous or suspicious tumors have been removed. It is thought to destroy with greater certainty than any other agent any parts of such growths as have escaped the knife. It has the advantages of being cheap, manageable, and of easy application. It was a great favorite with my lamented friend, the late Prof. Bayless. I remember once seeing him apply it to the seat of an enormous encephaloid tumor, which he had removed from the abdominal walls of a woman. The wound healed quickly, and the disease did not return for four years after. It fell to me to do the second operation, but both the knife and the zinc this time proved unavailing—the wound did not heal, and the patient died. Carbolic acid has, in my hands, been all that I could desire for checking and causing to heal the small ulcerated surfaces which appear at times on the faces, particularly of persons who have light or sandy hair and very thin skins, and are haunted by the dread of cancer. To touch these little sores with the pure carbolic acid, which makes a white eschar, then to wait until this eschar falls off, and apply the acid a second or a third time, as the case may be, will usually cause the spots to heal. I have a patient, living now in Indianapolis, whose face is quite checkered with the white cicatrices denoting the seat of former sores. I have destroyed a number of small superficial nævi by the same agent.

To-morrow I shall attack, with yet a different caustic from any I have named, an epithelioma situated immediately over the malar bone. This agent, although not altogether new, has failed to attract, in our country at least, the attention which in my opinion its real merits fairly deserve. After a somewhat extensive trial, I feel warranted in saying that I am acquainted with nothing of this class which, in proper cases, is so efficient or trustworthy. It has quite a curious history, not unlike that of Ward's paste, which has enjoyed such reputation in the treatment of hemorrhoids. It, like the paste of the English charlatan, was purchased also from a quack. This time not by a vote of Parliament but by Dr. Bell, an English physician visiting Paris, from Michel, a French charlatan who was plying his vocation there. The price paid was twenty-five thousand francs. Michel, it seems, used it for the destruction of external tumors generally, and declared that it was equal to the removal of almost any malignant tumor which was so situated that the paste could be applied. He daily attacked such malignant growths of the breast as were detached and solitary, and where the submaxillary glands were not involved, whether open or not, this making, as he asserted, no difference.

In dealing with tumors, the size say of a hen's egg, Michel laid the paste on the surface to the thickness of half an inch. This was followed by a rapid destruction of the tissues, which the Frenchman says is unaccompanied by pain after the first half hour or so. An oozing of clear watery fluid occurs, which is to be carefully sopped up. In twelve or fifteen hours the paste is to be removed, and a fresh application made. This is allowed to remain on for about the same length of time, when the work of the caustic is regarded as complete. The paste is wiped off, and the excavation treated as a simple sore. I have not followed these directions to the letter; but more of that presently.

When Dr. Bell became possessor of the secret, he found he had paid what we would call quite a round sum for a compound of

strong sulphuric acid and finely powered asbestos—three parts by weight of the former to one of the latter, thoroughly rubbed into a paste. I need not tell you that both these substances have been known to us all for a great while. It is perhaps, however, fair to Michel, the charlatan, to say that the merit of combining them for the purpose of making a caustic really belongs to him. Ward's celebrated paste, you remember, consisted of the simple confection of pepper, an officinal preparation of the earliest dispensatory. Dr. Bell, with that old-fashioned honesty and liberality which is so characteristic of our English progenitors, made public the formula for the French quack's paste, which, excepting the inert matter of the asbestos, is identical with the carbo-sulphuric paste so much used by Ricord in the treatment of venereal sores. Dr. Bell's revelation soon found its way to this country, and, seeing it, I determined to put the paste on trial. No druggist in this city had the powdered asbestos, but Dr. Davis, one of the teachers in the School of Pharmacy here, suggested that the French soapstone was chemically identical with the asbestos, whereupon a paste was made of it and the acid. From that time until now I have used this combination. It is applied in the same way with the Vienna paste, the thickness of the layer depending upon the amount of tissue it is desired to destroy, varying, say from one eighth to four eighths of an inch in depth. It is spread upon the diseased surface with a small wooden spatula, or with the blade of a knife. It dries at the end of a few hours, the time varying with the depth of the layer and the amount of blood which oozes during its application. When used on a large surface, it gives rise to considerable and prolonged suffering, so much indeed that I seldom deny to the patient some anæsthetic. The paste should always be freshly made. I rarely keep it an hour. Like the Paris plaster it is best to apply it on a dry day, lest, as you will be told in another room, the great affinity of the acid for water, causing it to absorb the moisture from the atmosphere, should lessen the power of the paste. For fear it should run upon the surrounding healthy parts, it is well to encircle the portion which you intend to destroy either with a good layer of tallow or collodion or adhesive plaster. The patient must endure the pain which succeeds upon his recovery from anæsthesia as best he may, unless it be so severe as, in your opinion, to call for an opiate. I have had patients tell me that they suffered for half a day. The paste when dry remains, unless colored by blood, a brownish white. It adheres for a varying length of time; the longer it does so, the more thorough does it prove its application to be, and the better for the patient, since the work of repair goes on undisturbed beneath it. When it falls off, or grows loose and is removed, the sore is found, in the more fortunate cases, to be healthy, when simple dressings only will be required till cicatrization is complete. Should the ulcer on the other hand, not present a satisfactory appearance, the paste must be re-applied.

I could tell you of many quite striking cures of both lupus devorans and epithelioma which the Frenchman's caustic has accomplished in my hands; but two must suffice for the present.

A gentleman from a distant part of this state, with an epithelioma involving almost the whole of his lower lip, came to me, now four years ago. I destroyed the diseased parts most thoroughly by the paste. To do this involved the loss of the entire lip. Several applications were required. The patient recovered in good time, and has remained well.

He covers his disfigurement with a large moustache, and prevents drooling by wearing a piece of lint where his lip once was. If the choice of means of cure had been left in this case to me, I should have selected the knife; but the patient would not hear to this, and I was driven to the paste. I am sure he suffered more than he would have done if he had allowed me to use the quicker means, but the final result would have been no better, perhaps not so good.

A lady, who had a lupus covering the whole of one cheek, had tried three different caustic applications for its relief. The sulphuric-acid paste thickly spread over the diseased surface effected a complete cure in a month. She has remained well for three years.

When you return to your homes and meet with cases of lupus and epithelioma, and your minds turn to caustics for their relief, please remember the estimate I place upon Michel's paste in these affections—the only ones in which I have used it.

LOUISVILLE.

VERY TRUE.—Mr. Gough, in a lecture in England, referring to the question whether alcohol is a food or a medicine, remarked that in his opinion "it is very much like sitting down on a hornet's nest—stimulating, but not nourishing."

Reviews.

The Antagonism of Therapeutic Agents, and what it Teaches. The Essay to which was awarded the Fothergillian Medal of the Medical School of London. By J. MILNER FOTHERGILL, M. D., Edin., Member of the Royal College of Physicians of London; Assistant Physician to West London Hospital and to the City of London Hospital for Diseases of the Chest, Victoria Park. Philadelphia: Henry C. Lea. 1878.

That this essay received the gold-medal prize from the Medical Society of London is the best evidence of the estimation in which it is held in Great Britain. Dr. Fothergill is the highest authority on physiological therapeutics, and no other medical writer is at present comparable to him in popularity. We quote some of the evidence given by the author of the correctness of his views. For the sake of brevity the names of the reporters of the cases are omitted, though most of them are men of rank in the profession:

OPIUM-POISONING.— *Case* 1.—A person took an ounce and a half of tincture of opium, and at the lapse of twelve hours was deeply comatose. Betwixt the fourteenth and seventeenth hours half an ounce of tincture of belladonna was given in divided doses; at the seventeenth hour effectual dilatation of the pupils was achieved, and the patient rapidly recovered.

Case 2.—In another case nine grains of muriate of morphia in solution were taken in thirty-six hours. When seen there was profound coma. The respirations were but four or five in the minute, and the breathing was stertorous. The pulse was slow and feeble. The pupils were contracted. During four and a half hours after this time six drams of tincture of belladonna were given in dram doses at intervals. At the end or fourteen hours from the commencement of this treatment the coma had entirely gone. The pulse was 120; the respirations 20 to 25 per minute. The patient made a perfect recovery.

Case 3.—A patient had taken five grains of sulphate of morphia. The treatment consisted of six drams of tincture of belladonna by the mouth and rectum, and one third of a grain of atropia subcutaneously at intervals. It was necessary in addition to resort to the galvanic current, and freely so from the sixth to the eleventh hour, when the action of the morphia was most apparent. The respiration was maintained at from 16 to 20 per minute. The patient ultimately recovered.

Case 4.—On February 14, 1878, on arriving at the West London Hospital at the usual hour, the writer was informed that a woman was in the hospital at the point of death from opium-poisoning. As far as could be ascertained, she had taken from twelve to seventeen grains of opium in the form of laudanum. This was at 11 A. M. She had an emetic given her at 11.30, and was then sent to the hospital. There she had another emetic administered, and the vomited matters smelt of laudanum, showing that the first emetic had not effectually emptied the stomach. Then strong coffee was given to her, and she was walked about. The respiration was failing and was almost gone when the patient was seen by the writer at 2 P. M., the pulse being rhythmical and regular, though small. This showed the iminent danger to life from failure of the respiration. Being familiar with the effects of the injection of atropia on rabbits when the respiration was failing from the effects of aconitine, it was determined to administer such a dose of atropine to this patient as should have a pronounced effect on the failing respiration. Consequently Mr. Lucas, the senior house-surgeon, was directed to throw into her subcutaneously a grain of sulphate of atropia, which he did. This was done at 2.15; for ten minutes more the respiration went on still further failing—for some time is required for the absorption of the atropine—so the patient was put into a warm bed with a bottle of hot water to her feet. By the time this was done (other ten minutes) the respiration was noticed to be returning. There were four or five shallow respirations, with a long-drawn sigh each minute. The pupils were widely dilated. At 4.30 the woman was breathing steadily 13 to the minute, the respiratory act being long and deep. The pulse was 132, full and compressible, while the temperature was only 97.5°, showing how it had fallen. At 8.30 the pulse 128, the temperature 100.4°, and the respirations 24 per minute. She was sleeping deeply, but could be roused for a moment or so. At 1 A. M. of the 15th she was able to be roused up to talk a little, though not rationally. The respirations were now 25 in the minute, the pulse 120, and the temperature 100.3°. The pupils were natural. At 10 A. M. she was conscious and thirsty, but did not complain of much dryness of the throat. At 4 P. M. the pulse was 96, and the respirations 20; the temperature 101.1, pupils slightly dilated, and the patient perfectly rational. This was twenty-nine hours after taking the laudanum and twenty-six and a quarter after the administration of the atropine. On the night of the 16th she was restless and noisy, and on the 17th was apparently suffering from delirium tremens, and removed to the workhouse.

STRYCHNIA-POISONING.—*Case.* 1.—A lunatic took a packet of Battle's vermin-killer, which contained, from an estimate made of like packets, three grains of strychnine. This was at 11 P. M. A 7 A. M. next morning she was seen; her muscles were rigid and relaxed at intervals, and she had been in this condition since 2 A. M. Tincture of Calabar bean, was administered half a dram every half hour till four doses were taken; then half a dram at the lapse of an hour, and repeated the next hour; and then fifteen minims every two hours. Half an ounce was given in all. When first seen the pulse was thin and weak, and the patient could scarcely speak or swallow. The effect of the Calabar bean in relaxing the spasms was seen in twenty minutes after the administration of the first dose, and became more marked after each repetition. The case entirely recovered.

Case. 2.—A butcher swallowed two sixpenny packets of vermin-killer with suicidal intent. He had taken the poison at 11.30 A. M. on a full stomach, which apparently retarded absorption. An emetic had been administered at 1 P. M., and at 3.30 P. M he was carried into the Royal Infirmary, where the house-surgeon used the stomach-pump. At 4.50 he got a dram of the syrup of chloral hydrate, of the strength of ten grains to the dram. In twenty minutes this was repeated, and at 5.30 P. M. two drams were given. After a severe spasm he was much better, but the breathing was still hurried. At 6 P. M. another dram was given, and the spasm following

this was less violent. At 7 P.M. another dram dose was given, and at 9.30 P.M a final dose. Thus altogether he got ten drams of the syrup, or one hundred grains of chloral. He ultimately made a good recovery.

Case. 3.—A case of strychnia-poisoning successfully treated by bromide of potassium. Three grains of the alkaloid had been taken, and there was no vomiting; but under the exhibition of half an ounce of bromide of potassium, followed up by smaller doses for an hour or so, the patient recovered. The symptoms were as intense as were compatible with life; but general relaxation was produced in thirty minutes after the ingestion of the counter-poison.

Case. 4—A veterinary surgeon determined to commit sucide, drank freely, and then took a quantity of aconite; how much is not certain. "Dr.—— saw him in a few minutes, and administered an emetic. At this time there were no symptoms of aconite-poisoning. Half an hour later he returned with his partner, and found that the emetic had acted, and that the bowels had also moved. At this time the pulse was rapid and feeble, and the hands and feet were getting cold. An attempt to give ammonia and brandy brought on an alarming prostration; the breathing became labored; the pulse at the wrist irregular, intermittent, and finally imperceptible. There was a quantity of frothy mucus discharged from the mouth and nostrils; the skin became dusky; a cold clammy sweat bedewed the face and forehead; in a word, the patient was dying." So runs the report; and the vivid sketch shows how close a similarity there exists in aconite-poisoning between the symptoms in man and those exhibited by animals. As the patient was unable to swallow, twenty drops of tincture of digitalis were injected subcutaneously, and galvanism applied to the cardiac region, and kept up for twenty minutes. A minute or two after this the patient was able to swallow some ammonia and brandy, with a teaspoonful of digitalis in it. Marked improvement followed, and this mixture was twice repeated within an hour, "at which time the breathing had become easier, and the circulation re-established." The patient recovered perfectly, and next morning expressed his surprise at being alive, as he had taken, he asserted, an ounce of Fleming's tincture of aconite.

CHLORAL-POISONING.—*Case* 1.—A man, thirty-five years of age, was poisoned by six drams of hydrate of chloral. When first seen he lay in a profound sleep, with congested face, heavy breathing, and a pulse of 100. An hour after the poisoning he became livid, the veins were distended, the respirations were intermittent, and his temperature was 103° F. An hour and a half after the dose he became pale, pulseless, with contracted pupils, and his temperature had sunk to 91.2° F. Nitrate of strychnia, enough to produce twitching, was then injected hypodermically; and the heart began at once again to beat, and the thermometer marked 91.9° F. Collapse, however, returned in a few minutes, the circulation appearing to stop. Artificial respiration was performed, and nitrate of strychnia again injected, and with the same result as at first. In ten hours the pupils acted to light; in twelve the temperature was 100.4°; in twenty-two hours he could be roused; and after thirty-two hours he awoke "quite refreshed," and did not complain of any gastric disturbance.

A CASE OF BELLADONNA-POISONING TREATED BY OPIUM.—A quarter of a grain of atropia had been ministered by mistake subcutaneously. In four and a half hours there was delirium, agitation, the pulse was small and frequent, the respiration hurried, and the skin hot, the face being flushed. At the fifth hour half a grain of morphia was injected under the skin. The patient became calmer, dozed, then fell asleep, and ultimately got quite well.

Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M. D., F. R. C. P., Physician Accoucheur to H. I. and R. H., the Duchess of Edinburgh; Professor of Obstetric Medicine in King's College, etc. With Notes and Additions, By ROBT. P. HARRIS, M. D. Second American from the second revised London edition. With two plates and one hundred and eighty-two illustrations. Philadelphia: Henry C. Lea. 1878.

No work upon obstetrics with which we are acquainted has received such universally high praise as has Dr. Playfair's Treatise on the Science and Practice of Midwifery. Furthermore, no book on obstetrics with which we are acquainted is equally deserving. For the beginner, the advanced student, and the practitioner it is equally excellent. Every physician and every medical pupil should possess this work.

The following excellent works, now merely mentioned by title, will receive, as they deserve, further notice at an early day:

Essentials of Chemistry—Inorganic and Organic, for the Use of Students in Medicine. By R. A. WITTHAUS, A. M., M. D., Professor of Chemistry in the Medical Department, University of Vermont, etc. Vol. I, 8vo, pp. 257. New York: William Wood & Co. 1879.

A Clinical History of the Medical and Surgical Diseases of Women. By ROB'T BARNES, M.D., London, Censor of the Royal College of Physicians, Lumeian Lecturer 1873; late Examiner in Obstetrics and the Diseases of Women at the University of London and the Royal College of Physicians and Surgeons; Obstetric Physician and Lecturer on Obstetrics and the Diseases of Women to St. George's Hospital. Second American from the second revised London edition; with one hundred and eighty-one illustrations. Philadelphia: Henry C. Lea. 1878.

Lecture on Bright's Diseases of the Kidneys. Delivered at the School of Medicine of Paris by J. M. CHARCOT, Professor in the Faculty of Medicine in Paris; Physician to Saltpetriere; Member of the Academy of Medicine; of the Clinical Society of London; of the Clinical Society of Buda-Pesth; of the Society of Natural Sciences, Brussels; President of the Anatomical Society; former Vice-president of the Society of Biology, etc. Collected and published by DRS. BOURNEVILLE and SEVESTRE, Editors of the *Progrès Médical;* and translated with the permission of the author by HENRY B. MILLARD, M. D., A. M., New York. William Wood & Co., 27 Great Jones Street. 1878.

Anatomy—Descriptive and Surgical. By HENRY GRAY, F. R. S., Fellow of the Royal College of Surgeons and Lecturer on Anatomy at St. George's Hospital Medical School. With five hundred and twenty-two engravings on wood; the drawings by H. V. CARTER, M. D., and DR. WESTMACOTT. The dissections jointly by the author and DR. CARTER. With an introduction on General Anatomy and Development by T. HOLMES, M. A. Cantab., Surgeon to St. George's Hospital, Mem. Corresp. de la Soc. de Chir. de Paris. A new American from the eighth and enlarged English edition. To which is added Landmarks, Medical and Surgical, by LUTHER HOLDEN, F. R. C. S., Surgeon to St. Bartholomew's and the Foundling Hospitals. Philadelphia: Henry C. Lea. 1878.

Diseases of the Bladder and Urethra in Women. By ALEXANDER J. C. SKENE, M. D., Professor of the Diseases of Women in the Long Island College Hospital; Fellow of the American Gynecological Society; Corresponding Member of the Gynecological Society of Boston; Member of the Medical Society of the County of Kings and of the Obstetrical Society of New York. New York: William Wood & Company, 27 Great Jones Street. 1878.

Lectures on Localization in Diseases of the Brain. Delivered at the Faculti de Medicine, Paris, 1875. By J. M. CHARCOT, Professor in the Faculty of Medicine in Paris; Chief of the Saltpetriere Hospital; Member of the Academie de Medicine of the Clinical Society of London; President of the Societie Anatomique; Former Vice-president of the Societie de Biologie. Edited by BOURNEVILLE. Translated by EDWARD P. FOWLER, M. D., New York. New York: William Wood & Co., 27 Great Jones Street. 1878.

A Manual of Physical Diagnosis. By FRANCIS DELAFIELD, M. D., and CHARLES F. STILLMAN, M. D., New York: Wm. Wood & Co., 27 Great Jones Street. 1878.

Books and Pamphlets.

ANNUAL REPORT OF THE CENTRAL KENTUCKY LUNATIC ASYLUM, ANCHORAGE, KENTUCKY, FOR THE YEAR ENDING NOVEMBER 1, 1878. Property of the State of Kentucky. Frankfort, Ky.: Kentucky Yeoman Office. E. H. Porter, Public Printer. 1878.

A concise work by a most conscientious and careful physician.

CASE OF SARCOMA OF THE KIDNEY IN A NEGRO CHILD. By W. H. Geddings, M. D., Aiken, S. C. Reprinted from Volume II, Gynecological Transactions, 1878.

A curious and instructive case.

THE LOCAL TREATMENT OF ECZEMA. By Henry G. Piffard, M. D., Professor of Dermatology, University of the City of New York; Surgeon to Charity Hospital, etc. Reprinted from the Medical Record, October 26, 1878. New York: Trow's Printing and Bookbinding Company, 205–213 East Twelfth Street. 1878.

Dr. Piffard always writes well.

A CONSPECTUS OF THE DIFFERENT FORMS OF PHTHISIS, intended as an aid to Differential Diagnosis. By Roswell Park, A. M., M. D., Demonstrator of Anatomy, Woman's Medical College; Surgeon to the South Side Dispensary. Reprinted from the Chicago Medical Journal and Examiner for September, 1878. Chicago: Bulletin Printing Company, 113 Madison Street. 1878.

A valuable contribution.

THE DUTIES OF THE MEDICAL PROFESSION CONCERNING PROSTITUTION AND ITS ALLIED VICES. Being the oration before the Maine Medical Association at its annual meeting 12th of June, 1878. By Frederic Henry Gerrish, M. D., Professor of Materia Medica and Therapeutics, and Lecturer on Public Health, in Bowdoin College, etc. Reprinted from the Transactions of the Association. Portland: Loring, Short & Harmon. 1878.

Dr. Gerrish presents his views with no little force on this serious subject.

CLINICAL LECTURES ON SURGERY. Delivered at Starling Medical College by J. H. Pooley, M. D., Professor of Surgery. Reprinted from the Ohio Medical and Surgical Journal. Columbus: Nevins & Myers, Book Publishers. 1878.

This is a good lecture on Hydrocele.

MINOR'S REPORT ON YELLOW FEVER IN OHIO DURING THE SUMMER OF 1878.

A voluminous and carefully arranged report.

CASE OF POISONING BY OIL OF CHENOPODIUM. By Thomas R. Brown, M. D., Professor of Clinical and Operative Surgery, and Diseases of the Genito-Urinary Organs, College of Physicians and Surgeons, Baltimore, Md. Reprinted from the Maryland Medical Journal for November, 1878. Baltimore: J. H. Foster & Co., Publishers, No. 9 South Charles Street. 1878.

This patient, always a little wrong-headed, took an ounce of worm-seed oil, and died five days after with symptoms of cerebral disease. Did the worm-seed oil kill him? Doubtful.

Miscellany.

KILLED BY SNAKES AND WILD BEASTS.—In an interesting report on Sanitary Measures in India, which has just been presented to Parliament, it appears that 21,682 fatal cases from attacks of wild animals had occurred in ten provinces, the largest being in Bengal, viz. 10,062. The deaths from snake-bites alone in the Punjab last year were 828, against 979 in the preceding year. As showing the rapidly fatal effects from the bite of a cobra, the commonest and the most deadly of Indian poisonous snakes, Surgeon A. J. Wall states that one night, about half-past twelve o'clock, a Hindoo punka-coolie,

aged forty, while sleeping in the verandah of the doctor's house, was bitten on the shoulder by a snake about three feet long. The noise and confusion soon awoke Mr. Wall, who at once hastened to the assistance of his servant, and after waiting for a short time for some ammonia he proceeded to inject it, as recommended by Sir Joseph Fayrer and Professor Halford, previously giving the patient plenty of brandy, walking him rapidly about, etc.; yet, notwithstanding all attention, the man died in sixty-five minutes after the attack. So, adds Mr. Wall, the remedy administered had as little effect on the symptoms (which he graphically describes) as it had on the result. The whole is an excellent description by a most careful observer, who gives also the results of several experiments from the bite of a cobra on pariah dogs, where in every case the animal died within an hour of the bite; in many, in less than half that time. The whole report of twenty-one folio pages will well repay perusal.—*London Lancet.*

"What has the Medical Student to do with Physiology?"—Lately Professor Michael Foster, of Cambridge, delivered an address on this subject in University College, London, before the members of the medical society in connection with that institution. There were, he said, several reasons why this question should be considered. For some years the medical student's studies had been growing in number. Having long suffered from the evils of over-examination, he now had to sustain the additional burden of over-teaching. Every hour of the day is devoted to lectures on this, that, or the other subject, or to this or that practical work; and an intellectual Samson entering upon a medical curriculum might well fancy he sometimes heard a voice saying "The professors are upon thee." It was clear that some subjects must be curtailed, and the question was, Should Physiology give way? Dr. Foster thinks not.

The Jonah Adventure Reversed.—Surgeon Dantra relates (Indian Medical Gazette) that he was called to a man said to be dying of suffocation, and whom he found in a fearful state of agony with a live fish, which had entered his mouth while swimming, about three inches in length and one in breadth, lying on the dorsum of the tongue, his mouth being also filled with clots of blood. Attempts had been made to pull it out by means of a dressing forceps, but these slipped off, only bringing away a few scales. On examination it was found that the fish had caught a firm hold of the patient's uvula, which it was induced to relinquish on its head being seized by a forceps and pressed from side to side. When it had let go its hold it was easily drawn out, and lived for some time after its extraction. There was little subsequent hæmorrhage, the blood in the mouth having chiefly come from the surrounding tissues injured by the expanded fins. The uvula itself was bitten, not torn, as it would have been had traction been made before releasing it from the mouth of the fish.

Infant Mortality.—M. Bertillon, in France, the great authority on statistics, asserts that the infant death-rate of all classes in the first year is 200 per 1000; of these only 76 per 1000 belong to the upper and middle classes. It is evident then, that 124 per 1000 are sacrificed for want of proper care. In large towns the mortality is enormous; in Paris 30,000 out of 54,000, or more than half the children, die annually during their first year. Illegitimate children, of course, die in larger numbers than legitimate, the proportion being 31 : 16. The proportion of still-born children of illegitimate birth is as 76 : 40. Of legitimate children 206 per 1000, or 21 per cent, die in their first year. Of illegitimate children, 390 per 1000, or 40 per cent, to which should be added a very large number of concealed abortions and infanticides. Seven per cent of all births in France are illegitimate.—*Boston Med. and Surg. Journal.*

Grateful for the Smallest Favors.—An English writer reports a remark made to him by an old woman in Worcestershire, which may convey a lesson to people who are over-ready to repine at the dispensations of Providence. "Yes, sir," she said, "I've had a deal o' trouble. First I lost my sister, and then I lost my pig; but there's one thing I ought to say, and say it I will: the Lord's been pretty well on my side this winter—for greens."

Is Any Thing Certain?—What do we know for certain? Even in mathematics, the most certain of all human knowledge, men are now disputing whether there may not be a fourth dimension in space. What do we know of the nature of matter or of force? What is there certain in physics and chemistry?—*Haeckel.*

TOUGHENED GLASS—A WARNING.—We gather from our contemporary, Nature, that M. J. Laurent, of Marseilles, in the August number of the *Moniteur Scientifique*, warns the scientific world generally, and chemists especially, against using toughened glass. He regards utensils made of De la Bastie's toughened glass as being no better than so many Prince Rupert's drops or Bologne flasks, from which, according to M. Laurent, they differ only in shape. He gives an instance where a dish made of this glass was used in a stearine manufactory at Marseilles, and broke suddenly into thousands of fragments on being placed upon the metal scale of a balance. It was at the time cooling down from 110° C., at which temperature it had been maintained for some time. It had been in use previously for about a month, and M. Laurent considers that its sudden destruction was altogether inexplicable, except by the theory above mentioned.

A REMARKABLE CASE.—Dr. Hofmann, in a Vienna medical journal, relates the following remarkable case: A man, aged forty, fired a pistol shot at himself in the region of the left breast. A skin-burn resulted of the size of the palm of the hand, but no rupture of the continuity of the external skin. Beneath this there was an effusion of blood; the costal cartilage was broken. In the pericardium lay a pound and a half of blood; and at the apex of the heart, on each side of the longitudinal sulcus, was a rent of the muscular fibers, extending into the cavities of the ventricles.

SCIATICA AND PROFANITY.—In a town near Boston there lives a good lady who suffers acutely from sciatica. She has consulted physicians far and near, but has been unsuccessful in finding any cure. Not long since she heard of a man afflicted with the same disease in an aggravated form, and it occurred to her that she would call upon him and ask whether he had ever found any thing that would avail to lessen its terrors. "Do you," she asked, "find any thing that affords you relief?" "Yes, marm," he replied, "two things." "Pray, what are they?" "*Cursing* and *swearing*," said the invalid.—*Boston Jour. of Chem.*

HOW TO MAKE A POULTICE.—Dr. Brunton in Brain: The common practice in making poultices of mixing the linseed meal with hot water, and applying it directly to the skin, is quite wrong; because, if we do not wish to burn the patient, we must wait until a great portion of the heat has been lost. The proper method is to take a flannel bag the size of the poultice required, to fill this with the linseed poultice as hot as it can possibly be made, and to put between this and the skin a second piece of flannel, so that there shall be at least two thicknesses of flannel between the skin and the poultice itself. Above the poultice should be placed more flannel, or a piece of cotton-wool, to prevent it from getting cold. By this method we are able to apply the linseed meal boiling hot, without burning the patient, and the heat, gradually diffusing through the flannel, affords a grateful sense of relief which can not be obtained by other means. There are few ways in which such marked relief is given to abdominal pain as by the application of a poultice in this manner.—*Ibid.*

COFFEE TAVERNS.—We are glad to watch the progress of the movement for establishing coffee, cocoa, and milk taverns, to counteract the evil influences of the gin palaces. It has long been felt that the allurements of the public house need to be neutralized by equal attractions on the side of temperance. The best way to reduce the evil of drunkenness is to lessen the facilities for excessive indulgence in the use of intoxicating drinks. It follows that coffee and milk taverns should be as numerous as the ordinary drinking-bars, and it is necessary that they should be not less attractive. The traditional "coffee-shop" has been a gloomy, fly-blown establishment, to which no ordinary man would resort from choice. The attempt to supersede these useless houses by elegant and commodious taverns, where comfort and innocent drinks may be procured, is one that deserves the support of the community, and we trust that it will receive the countenance it merits, and succeed.—*London Lancet.*

WE ALL DO IT.—The Forester Gastel Letter in London Medical Times and Gazette: In your issue of October 12th, page 448, there is a note, copied from the Leipsic Journal of September 3d, regarding the treatment of hydrophobia by a "forester Gastel." If you refer to your journal, Vol. II, 1859, page 272, the very identical paragraph is inserted, beginning as in 1878: "The forester Gastel, now in his eighty-second year," etc. This is only one of the numerous instances the Medical Digest constantly brings to light, where old matter is served up as new.

GAS AS A VENTILATOR.—Attention has been recently called to the value of gas in ventilation. When burned in the mouth of a ventilating-shaft, as in the apparatus in use in the law-courts at Westminster, it of course produces a powerful upward current, which helps in carrying away the foul air of the room. It acts still better in a double-tube ventilator, the one tube carrying away the foul, the other admitting the fresh air. Neither of these contrivances is, however, in very common use. More often the gas-burners are the great foulers of the air, not only removing oxygen from the room, but also introducing carbonic acid and sulphuric acid into it. The arrangements of our rooms, both as to heating and lighting, are generally as senseless as possible, and if the electric light should come into common use, we fancy that builders and architects between them will manage to make a muddle even of that. Ventilation would still be necessary for healthy respiration, and it appears probable the enormously high temperature would produce combustion of the nitrogen of the air. In that case it would obviously be absolutely necessary to carry away the nitric acid so formed.—*London Lancet.*

A GOOD WATER-PROOFING FOR LEATHER.—It may be made by using paraffine melted with the requisite amount of drying-oil, and casting it into suitable blocks for subsequent use. This being softened by heat, the leather of the manufactured articles, as shoes and harness, are coated with it and placed near a fire or in a warm place until the composition has been absorbed. When leather has been impregnated with the mixture it is not only perfectly water-proof, but it is also rendered softer and more durable. Shoes retain all their firmness and natural elasticity, and blacking makes upon them a better polish than before. This same composition is also useful for water-proofing woven goods. It is placed on the under side of cloth for garments by melting and applying moderately with a brush, or by rubbing with a block of the preparation. The complete diffusion of it through the texture is affected by passing the cloth between hot rollers. Fabrics prepared in this manner, while they repel water, are perfectly pervious to air. For this reason they are superior to ordinary oil-cloth and rubber goods. They also look better than garments made of rubber, as the finished appearance of cloth is in no way changed by the treatment.—*Druggists' Circular.*

Selections.

The Malarial Fever of Cyprus.—John Sullivan, M. D., M. R. C. P., in London Medical Times and Gazette:

The origin and nature of that miasma, or malaria, which gives rise to the fever-ague is identical in all the regions on the earth's surface; but its effects on the human body, or the type it assumes, will vary with climate, condition, and conformation of the soil. Marsh fever is the declared reaction of the living organism against the cause of infection. The poison of malaria in a malarial soil accumulates in the human system when exposed to its influence, and after an incubation of more or less duration, certain morbid phenomena present an indication of the explosive effort made by nature for the elimination of this poison. A paroxysmal fever is evolved; and when this has passed away, then follows intermittence, or a complete suspension from fever. Now, intermittence is the constant and special character of the fever from exposure to marsh malaria, and whenever the characteristic three stages—the cold, the hot, and the sweating—do not declare themselves frankly and in due succession, this must be in consequence of some cause, due to climate and locality, influencing and impeding the natural development of a frank intermittent, and frequently from some peculiarity of constitution of or some organic complication in the patient. This fever, known as, and *improperly* termed a *marsh* or *paludinous* fever, may arise from conditions of soil in which no marshes are to be found, but in which all the conditions which render marshes unhealthy exist, as in the island of Cyprus, with a soil rich, damp, uncultivated, and impregnated in many parts with mineral salts; a land which, lying waste for centuries, has become a focus of an intensified malaria productive of a fever of a special type or mode of development.

In that form of malarial fever known as "Roman fever" the first or cold stage is of long duration, and the type is typhoid; whereas, in the malarial fever of Cyprus, the cold stage may pass unnoticed, or may be absent, while the hot stage is the most violent and prolonged, always lasting at least forty hours, followed by the sweating stage.

In the Roman fever the nerve-centers and the spleen are principally affected. In the Cyprus fever the chylopoietic viscera are primarily involved, and the type is not typhoid. Nevertheless, the malarial element, or the cause of the two distinct types of the Roman and of the Cyprian fevers, is the same, but modified by climate and locality; and as the hot stage, or the special mode which nature, under certain conditions, adopts for the elimination of the poison, is violent and prolonged in the Cyprus fever, so is the degree of prostration succeeding to a violent strain on the system so profound that many of our troops, after a lapse of two months, although removed to a more elevated and apparently a more healthy locality, had not convalesced until the cold season had set in, or, in other words, until the conditions which had given rise to a type of fever marked by an intensely prolonged hot stage had altered, and become capable of restoring the fever to its original intermittent type. And this we find to be actually taking place in Cyprus, where, I am informed, numerous cases of simple fever and ague are now to be seen.

The malarial fever has become altered in type, not

in its essence, because the conditions of climate and locality have become altered.

Heat, moisture, and organic *débris* are essential toward the generation of malaria. In proportion to the degree and intensity of heat, so is the measure of the intensity and destructiveness of the malarial poison. When a heat, as in Cyprus, of 115° Fahr. in the shade, acting upon and producing fermentation in a rich, waste, porous, and damp soil (moisture being always found in Cyprus a few inches beneath the surface of the earth), a soil loaded with the products of vegetable decay, or upon a stony or rocky soil which admits through its interstices, crevices, or hollows, very poisonous malarial emanations—when this heat is diminished or becomes moderated to 75° or 80°, then the Cyprus remittent fever, the product of an intensified and highly concentrated malaria, is transformed into a less concentrated product, into a simple intermittent, which under improved sanitary conditions may disappear altogether.

Advantages of a single Puncture of each Arm in the Vaccination of very small Children.—Dr. Hughes (*Gazette Obstétricale*, from *Nice Médicale*) says: 1. Contrary to the general opinion, it must not be believed that, variola being rare in the first two or three months of life, it is not necessary to vaccinate at this age. He has observed several cases of small-pox in children less than three months old, which he had refused to vaccinate. He therefore vaccinates any child now at the slightest wish of the parents. But having formerly made three punctures in each arm, and seen several accidents due to extent or intensity of inflammation, he was led to inquire if a single puncture would not be sufficient. 2. It is entirely sufficient to make but a single puncture in each arm in very young children. In eleven children re-vaccinated at later periods, and even with three punctures, not one was susceptible to the influence of the virus.—*Obstetric Gazette.*

Treatment of Asthma by Iodide-of-Potassium Spray.—Dr. Evrard, of Orsennes, has obtained very satisfactory results, in a severe case of asthma, from the use of a spray of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment was begun he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days the asthmatic attacks had almost entirely ceased. Eighteen months have elapsed since then, but the patient continues to use the spray, and the attacks have not recurred. The strength of the solution used was one to twenty. The periods of inhalation were short, but frequently repeated.—*Boston Jour. of Chem.*

Thumb-sucking and Irregular Teeth.—Dr. Chandler, in a paper published in the Boston Journal, August 15th, states that there is no cause so productive of malformation of the bones of the mouth and irregularity of the teeth as the habit of thumb-sucking during infancy, the different positions of the thumb giving rise to different kinds of deformity.

Remedy for Ivy-poisoning.—A saturated solution of chlorate of potassa applied locally to the affected parts is sure to cure or greatly improve within twenty-four hours the worst of cases.—*Druggists' Circular.*

Jaundice due to the Presence of Lumbrici.—The patient in this case, a boy aged six, was brought to me on October 10th with symptoms of obstructive jaundice. Upon inquiry I learned that he had been ailing and generally out of sorts for a week, complaining of abdominal pain and headache, and of feeling very tired, with loss of appetite, etc. The bowels had been relaxed, and the skin gradually becoming more yellow since the onset of the attack; there was no sickness or nausea; the motions were very pale, and the urine of a very dark color. From some of the above symptoms, I suspected the presence of some specimens of the ascaris lumbricoides in the alimentary canal, and on inquiring into the history of the patient I found that he had passed several round worms about four or five months previously. I ordered a powder, consisting of three grains of santonin and one grain of calomel, to be taken. Two hours subsequently to taking the powder the child vomited, and during the day the bowels acted three times, the motions being still of a pale color. He complained to his mother that every thing looked yellow. On October 11th he passed two round worms, twelve inches long, and the powder was repeated. On the following day four lumbrici, nine inches long, were passed, the child being still slightly jaundiced, and the motions pale. On October 14th the jaundice had all but disappeared, and the motions had improved in color, no other worm being passed. On October 16th the boy was quite well, and the motions had resumed their normal color. The cause of the jaundice here is perhaps open to doubt, but in my opinion it was produced, either directly or indirectly, by the presence of worms in the intestines. Probably a worm had entered the common bile-duct, and so caused biliary obstruction, or possibly the mass of worms had occluded the orifice of the duct with the same result, or again, the irritation set up by the presence of the parasites had produced a temporary catarrh of the duct, and so caused the jaundice. I have thought the case worthy of record, as possibly the presence of the lumbricus is a more frequent cause of transient jaundice in children than is usually supposed, and especially so in localities, as is the case here, where the lumbricus is of very common occurrence.—*R. L. Ratterbury, M. B., in British Med. Jour.*

Bromide of Potassium in Chronic Chills.—Dr. L. T. S., of South Carolina, writes as follows to the Southern Medical Record:

Mrs. P., aged sixty-five, has had third-day chills for three years. The morning after the chill I commenced giving bromide, fifteen grains, three times a day. She has had no more chills for the last three years.

A child of Mrs. N., five years old, has had third-day chills for three years. I gave bromide, in five-grain doses, three times a day. It has had no more chills.

The bromide is kept up for several months, three times a day, for eight or ten days, and then left off for as many days.

I have been using the bromide as above for the last six or seven years, with uniform success, as a preventive. R. L. S. had chills every summer for several years. I gave the bromide, commencing in the spring. Gave it all summer and fall at intervals as above. He has had no chills since, it being now five or six years. I have seen no unpleasant effect from the use of bromide of potassium.

Periodically Recurring Purpuric Hydroa.—Robert Saundby, M. D., reports the following case in the British Medical Journal of December 7th: T. W. presented himself again on November 1st, and I have been able to clear up the following points: The attack this time began on Wednesday, October 30th, with itching and burning in his hands, etc.; on the previous Saturday and Sunday he had indulged in more than his usual quantity of beer, and he admits that such indulgence upsets his stomach. He was a teetotaler for six years, but still he had the attacks; however, he admits that he is likely to have one if he have "been out to supper" or had "extras." The first appearance of the eruption is distinctly papular; the centers of the papules become infiltrated with serum and form blebs of bullæ. I have seen T. W. again this morning (November 4th), and the whole phenomena are much as they were on his previous appearance. There seems now to be no doubt that the disease is *ab ingestis* and the eruption on the hands, etc. is identical with what has been called *urticaria bullosa;* the peculiarity of the case is the co-incident mouth-affection. The treatment I am employing is a mouth-wash of chlorate of potash, a mixture of rhubarb and soda, and restricted diet. [Quinia and iron would soon cure this case.—Eds.]

On a New Application of the Gum-elastic Catheter.—Most surgeons have probably experienced the difficulty, in cases of tight stricture, that arises from the extreme flexibility of the small-sized gum-elastic catheters; for while they, on the one hand, double up and fail to accomplish their purpose, silver instruments are objectionable from their too great stiffness. To obviate the difficulty, the following plan answers admirably. A gum-elastic, large enough to admit the passage down it of a No. 1 or 2, is cut off about three inches from the point and smoothed. The small instrument is passed down it to the cut end, and both are introduced together as far as the stricture. By keeping the outside catheter firm while the inner one is gently pressed on, one has all the advantages of a flexible *point* attacking the constricted canal in the *center*, and the instrument is supported right up to the point of action.—*W. Peel Nesbit, M. B., of South Australia, in Brit. Med. Jour.*

A Case of fracture of the clavicle, followed by myelitis, paralysis and death, is reported by Walter R. S. Jefferiss, M. D., in the British Medical Journal, of December 7.

Dog Fennel.—One of the chamomile species, growing in the back lanes of our towns throughout the South, possesses the stomachic and tonic properties of the chamomile of the shops. In addition the leaves of the plant contain a principle almost identical with cantharidine. When bruised and applied to the skin they produce prompt and active epispastic effect.—*Southern Med. Record.* [This is much used by the negroes as a vesicant.—Eds.]

Epilepsy.—Dr. Mordough, of Flatbush, highly recommends the hypodermic use of veratrum viride in recurring epileptic attacks; that is, in a series of attacks with an interval of only a few moments. His formula is: Morph. sulph., gr. ijss; tinct. verat. verid., aquæ, āā ℥ss. M. S. Use twenty minims of this solution, representing ten minims of the U. S. P. tinct., and about a tenth of a grain of morphia.—*Phila. Drug. and Chem.*

On the Use of Arsenic as a Blood and Cardiac Tonic.—In a communication to the British Medical Journal, Dr. Lockie calls attention to the remarkable results obtained by him in the administration of arsenic in certain cases of anæmia, and those cases in which iron and good food had failed to produce any benefit. His attention was first directed to the power of arsenic in this respect by a paper published by Dr. Byrom Bramwell, of Newcastle, in which he narrated several cases of essential or progressive pernicious anæmia, where remarkable benefit accrued from the administration of this drug. Whether it really has the power of curing this disease—a disease which has hitherto baffled the resources of our art, and the good results apparently promised by phosphorus in the hands of Dr. Broadbent not having been obtained, to any extent at all events, by other observers—remains for the future to determine. Certain it is that in cases of anæmia approaching in gravity the so-called essential or pernicious anæmia it is capable of producing great benefit. In support of this statement Dr. Lockie reports several striking cases.

A Fragrant Stomachic.—The well-known fragrant garden favorite, the sweet-scented or lemon verbena (*Lippia citriodora*), seems to have other qualities to recommend it than those of fragrance, for which it is usually cultivated. The author of a recent work, entitled Among the Spanish People, describes it as being systematically gathered in Spain, where it is regarded as a fine stomachic and cordial. It is either used in the form of a cold decoction, sweetened, or five or six leaves are put into a teacup, and hot tea poured upon them. The author says that the flavor of the tea thus prepared "is simply delicious, and no one who has drunk his Pekoe with it will ever again drink it without a sprig of lemon verbena." And he further states that if this be used, one need "never suffer from flatulence, never be made nervous or old-maidish, never have cholera, diarrhea, or loss of appetite."—*Scientific American.*

A new Method of taking the Temperature of the Body.—E. Oertmann (*Archiv. für die Gesammte Physiologie von Pfluger*, xvi, page 101) has made the singular observation that if the thermometer is placed in the stream of urine during micturition a more exact register of the temperature is obtained than when it is placed in the axilla, and much more rapid measurement is produced than when put in the rectum. In the space of seven seconds the thermometer has arrived at its maximum registration. The author recommends its use after this method when it is practicable.—*Maryland Med. Jour.*

Apiol in the Treatment of Amenorrhea and Dysmenorrhea.—Apiol, the active principle of parsley, discovered by Jaret and Homolle in 1855, is an oleaginous amber-colored liquid, soluble in water in any proportion, of an acrid taste. It may be given in capsules. According to Marotte, of La Pitié (*Mouvement Médical*), it brings on the menses, regulates menstruation, and calms the pains by which it is often accompanied. It has no action upon the pregnant womb.—*London Doctor.*

Chloramyl.—℞ Squibb's chloroform, ℔ j; nitrite of amyl, ℥ ij. This is a new anæsthetic recommended by Dr. Sanford, in the Medical Record. The above is the formula of Dr. Sanford.